

FORM D

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SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
ORM LIMITED OFFERING EXEMPTIO

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OMD Halliba	03000392
Expires:	May 31, 2005
Estimated ave	rage burden
hours per resp	onse16.00
SEC USE	ONLY
Prefix	, Serial

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Alexander Capital Management Group Acquisition
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Rule 505 Rule 506 Section 4(6) ULOE Rule 505 Rule 506 Section 4(6) Rule 505 Rule 506 Rul
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
CoBiz Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code)
821 Seventeenth Street, Denver, Colorado 80202 303-312-3400
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (If different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business
Brief Description of Business Financial holding company PROCESSED
Type of Business Organization Corporation Corporation

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77df6.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street, N.W. Washington, D.C 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		BASI	CIDENTI	FICATION DATA					
2. Enter the information re	quested for the fol	lowing:	*						
· Each promoter of the	issuer, if the issu	er has been organize	d within t	he past five years.					
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
• Each executive office	r and director of c	orporate issuers and	of corpora	ate general and man	aging	partners of	partner	rship issuers; and	
Each general and ma	naging partner of	partnership issuers.							
7 12 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							_	<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Ow	mer 🔀	Executive Officer		Director	Lj	General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Ahem, Kevin						1 1			
Business or Residence Addre	ess (Number and S	treet, City, State, Zip	Code)						
821 Seventeenth Street,	Denver, Colora	ado 80202						······································	
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🔀	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Andrich, Lyne B.									
Business or Residence Addre	ss (Number and S	treet, City, State, Zip	Code)			*******			
821 Seventeenth Street,	Denver, Colora	ado 80202							
Check Box(es) that Apply:	Promoter	▼ Beneficial Ow	ner 🗶	Executive Officer	X	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Bangert, Steven									
Business or Residence Addre	ss (Number and S	treet, City, State, Zip	Code)			_			
821 Seventeenth Street,	Denver, Colora	ido 80202							
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 📋	Executive Officer	X	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)							· · · · · · · · · · · · · · · · · · ·	
Berkeley, Virginia K.									
Business or Residence Addre	ss (Number and St	reet, City, State, Zip	Code)		,				
821 Seventeenth Street,	Denver, Colora	ido 80202							
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🗌	Executive Officer	X	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)	,	 				·	<u> </u>	
Burgamy, Michael B.								,•	
Business or Residence Addre	ss (Number and Si	reet, City, State, Zip	Code)						
821 Seventeenth Street,	Denver, Colora	ido 80202							
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🟋	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)				.—				
Dalton, Richard J.									
Business or Residence Addre			Code)						
821 Seventeenth Street,	Denver, Colora	ido 80202							
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🗌	Executive Officer	X	Director		General and/or Managing Partner	
Full Name (Last name first, if	individual)								
Kennedy, Alan R.	•			• • • • • • • • • • • • • • • • • • • •					
Business or Residence Addre	ss (Number and St	rect, City, State, Zip	Code)				,		
821 Seventeenth Street,	Denver, Colora	ado 80202							
		nk sheet, or copy and	use additio	nal copies of this she	et, as	necessary)			

		BASIC II	DENTI	FICATION DATA				
2. Enter the information :	equested for the fo	llowing:						
· Each promoter of th	e issuer, if the issu	er has been organized v	vithin t	he past five years,				
• Each beneficial owner	r having the power	to vote or dispose, or dir	ect the	vote or disposition of	f, 10%	or more of	a class	of equity securities of the issuer.
• Each executive offic	er and director of o	corporate issuers and of	corpora	ite general and mana	aging	partners of	partner	rship issuers; and
• Each general and ma	anaging partner of	partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			······································				
Kipnis, Mark S.								
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Co	de)					
821 Seventeenth Street	, Denver, Color	ado 80202						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Longust, Thomas M.				:				
Business or Residence Addr			de)					
821 Seventeenth Street	, Denver, Color	ado 80202						
Check Box(es) that Apply:	Promoter	Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Lorenz, Jonathan C.								
Business or Residence Addr			de)					
821 Seventeenth Street	, Denver, Color							
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)							
Mosanko, Harold F.	<u> </u>							
Business or Residence Addr			de)					
821 Seventeenth Street	, Denver, Color	ado 80202	<u> </u>		• •			
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)							
Ross, Howard R.								
Business or Residence Addr			de)	?				•
821 Seventeenth Street	, Denver, Color	ado 80202						
Check Box(es) that Apply:	Promoter	▼ Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, it	individual)							
Rothman, Noel N.								
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Co	de)					
821 Seventeenth Street	, Denver, Color	ado 80202						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, it	individual)							
Travis, Timothy J.			_					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Co	de)					
921 Seventeenth Street	Denver Color	ado 80202						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				. В	. INFORM	ATION AB	OUT OFFE	RING				
I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes ▼	No 🗆		
Answer also in Appendix, Column 2. if filing under ULOE.										. [_]		
2. What i	2. What is the minimum investment that will be accepted from any individual?									S <u>N</u>	'A	
3 Does t	•										Yes	No
commis If a per or state	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. It more than five (5) persons to be listed are associated persons of such a broker or dealer. you may set forth the information for that broker or dealer only.											
Full Name (Last name first, if individual)												
N/A		 	21 1	1.0	6. 6	a a 13			•			
Business	or Residen	ce Address	(Number a	nd Street.	City, State.	Zip Code)						
Name of A	Associated	Broker or	Dealer						1, 4,			
States in \	Which Pers	son Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Chec	ck "All Sta	tes" or che	ck individu	al States)			***********************				— П	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	IDC1	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if ir	idividual)									
Business o	or Residen	ce Address	(Number a	and Street,	City, State	. Zip Code	,					
			<u> </u>					:				
Name of A	ssociated	Broker or	Dealer								-	
States in V	Which Pers	on Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers					
(Chec	k "All Stat	tes" or chec	k individua	al States)							🗆 🗸	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] . [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[WI]	[OR] [WY]	[PA] [PR]
					•			•		• •		• •
Full Name	(Last nam	e first. if in	dividual)							<u> </u>	·	<u> </u>
Business of	or Residence	ce Address	(Number a	and Street,	City, State	, Zip Code)					
Name of A	ssociated	Broker or	Dealer					 _		<u> </u>		
States in V	Which Pers	on Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers				· · · · · · · · · · · · · · · · · · ·	
			k individua									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		[ID]
[IL]	[IN]	[AZ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 		Amount Alone
Type of Security	Aggregate Offering Price	Amount Alread Sold
Debt	50	\$0
Equity	\$ 1,500,000*	\$ 1,500,000*
Common Preferred		
Convertible Securities (including warrants)	\$ <u>0</u>	<u>s o</u>
Partnership Interests	\$ 0	<u> </u>
Other (Specify)	S 0	<u>s</u> o-
Total	§ 1,500,000*	\$ 1,500,000*
Answer also in Appendix, Column 3. if filing under ULOE.		
Accredited Investors.	Number Investors	Aggregate Dollar Amount of Purchases \$ 1.286.098*
Non-accredited Investors	3 .	\$ 213,902*
Total (for filings under Rule 504 only)	N/A	S N/A
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.		
Type of Offering	Type of Security	Dollar Amoun Sold
Rule 505		S
Regulation A		S
Rule 504		S
Total	N/A	S N/A
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	

	OFFFDING PRICE NI	IMPED OF INVESTORS EVERNSES AND LISE OF	BROCEE'ne	
_		IMBER OF INVESTORS, EXPENSES AND USE OF		
and tot	al expenses furnished in response to Par	offering price given in response to Part C—Question t C—Question 4.a. This difference is the "adjusted ground of the control o	SS	s 1,500,000
5. Indicat each o check	e below the amount of the adjusted gros f the purposes shown. If the amount fo	is proceed to the issuer used or proposed to be used for or any purpose is not known, furnish an estimate and tal of the payments listed must equal the adjusted gros	r L	
procee	aus to the issuer ser forth in response to	o rait C—Question 4.5 above.	Payments to	
			Officers. Directors, & Affiliates	Payments to Others
Salarie	s and fees	·····	□ S	s
			_	_
Purcha	se, rental or leasing and installation of			
Constr	uction or leasing of plant buildings and	facilities	s	ss
offerin	sition of other businesses (including the g that may be used in exchange for the	assets or securities of another	_	
				_
Other (□ s	s
			□ S	. 🗆 S
Colum	n Totals			S 1,500,000**
Total P	ayments Listed (column totals added) .		x s 1,:	500,000**
		D. FEDERAL SIGNATURE		
gnature co	institutes an undertaking by the issuer to	y the undersigned duly authorized person. If this notice of furnish to the U.S. Securities and Exchange Commission investor pursuant to paragraph (b)(2) of Ru	sion, upon written	e 505, the following request of its staff,
suer (Print		Signature	Date .	2002
oBiz Inc		what are	January (3, 2003
_	mer (Print or Type)	Title of Signer (Print or Type)		
ichard	i J. Dalton	Chief Financial Officer		
*	transaction, pursuant to whe ("ACMG"). The amount of to certain closing adjustmen shareholders. The merger a	tis offering are being issued in connection we ich the issuer will acquire Alexander Capit the shares to be issued in this offering (as sets, pursuant to a merger agreement among greement also provides for the issuance of fering based on the performance of the suc	al Managemen set forth in Iten the issuer and additional amo	t Group, Inc. n C.1) is subject ACMG and its unts of the
**	This is a business combination	on transaction with no cash proceeds to the	issuer. Expen	ses will be paid

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

with other corporate funds.